

**CENTRAL FINANCE OFFICE (CFO) AGREEMENT CHECKLIST**  
**PLEASE WRITE LEGIBLY, IN BLACK OR BLUE INK, AND DO NOT USE HIGHLIGHTER.**  
**Indicate with a ✓ on the line provided if item is included in the packet.**

**Payee Checklist: Applicable to individual providers and agencies**

People who work for an agency do not receive these items nor submit them. The agency you work for will complete these forms. If you are an independent provider, you will need to submit these items.

- \_\_\_\_\_ Completed and signed CFO Service Provider/Payee Agreement (1 for each payee)
- \_\_\_\_\_ W-9 Request for Taxpayer Identification Number and Certification (1 for each payee)
- \_\_\_\_\_ Proof of professional liability (copy of insurance certificate) for payee AND/OR for each employee if professional liability is not covered by the payee. Not applicable for DHSS or DMH current employees who enroll as First Steps service coordinators or for ABA implementors.

**Individual Providers: People who work for an agency and those who work as private providers submit these items**

- \_\_\_\_\_ Completed and signed Rider A (Service Provider) and/or Rider B (Service Coordinator) for each provider
- \_\_\_\_\_ Applicable License, Transcript, High School Diploma or equivalent, to assure minimum entry level standard according to the credential requirement, for each provider
- \_\_\_\_\_ Family Care Safety Registry - Worker Registration form for each provider (must have been completed within last 12 months)
- \_\_\_\_\_ Certification re: Lobbying, Debarment, Suspension and other responsibility and Drug-Free Workplace
- \_\_\_\_\_ Medicaid Forms (if providing a Medicaid covered service)
  - \_\_\_\_\_ Provider Questionnaire
  - \_\_\_\_\_ Medicaid Provider Enrollment Application
  - \_\_\_\_\_ Self-Evaluation for Civil Rights Compliance (MOA-10)
  - \_\_\_\_\_ Application for Provider Direct Deposit
  - \_\_\_\_\_ Medicaid/Medicare Provider Information (only required for PT, OT, Speech and Service Coordination)

**\*Important - Physical, occupational, speech therapists, and service coordinators only have to submit the Self-Evaluation for Civil Rights Compliance and the Medicaid/Medicare Provider Information.**

**PLEASE SUBMIT ALL APPLICABLE ITEMS LISTED  
ABOVE ALONG WITH A COPY OF THIS COMPLETED CHECKLIST TO:**

**CFO Provider Enrollment  
PDA Software Services  
Attn: Missouri Provider Enrollment  
PO Box 29134  
Shawnee Mission, KS 66201-9134**

For questions please contact the CFO at 1-866-711-2573